

L010000011646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

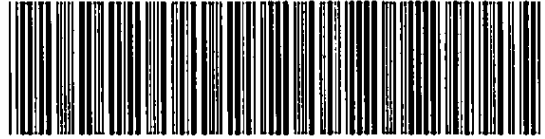
(Business Entity Name)

(Document Number)

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R.A./Res

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2019 MAR 15 PM 2:37

MAR 28 2019
I ALBRITTON

AMY TOWNSEND

Name of Person

MEAD LAW & TITLE

Firm/Company

24 WALTER MARTIN ROAD NE, SUITE 201

Address

FORT WALTON BEACH, FL 32548

City/State and Zip Code

VINCE@brunerfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY TOWNSEND

850

243-3135

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$85 Filing Fee

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Deborah Demmon, hereby resigns as
Name of Registered Agent

Registered Agent for RJD of Northwest Florida LLC
Name of Limited Liability Company

LO1000011646
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Deborah Demmon
Signature of Resigning Agent

If signing on behalf of an entity:

Deborah Demmon
Typed or Printed Name
Registered Agent
Capacity

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TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314